

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:**

**2. Type of Application:** New Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/24/2019

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of Long Beach CA 606

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 95-6000733

	<b>c. Organizational DUNS:</b>	130009269	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 1301 W. 12th Street

**Street 2:**

**City:** Long Beach

**County:**

**State:** California

**Country:** United States

**Zip / Postal Code:** 90813

### e. Organizational Unit (optional)

**Department Name:** Human Services

**Division Name:** Homeless Services Division

### f. Name and contact information of person to be contacted on matters involving this application

**Prefix:** Ms.

**First Name:** Shannon

**Middle Name:**

**Last Name:** Parker

**Suffix:**

**Title:** Homeless Services Officer

**Organizational Affiliation:** City of Long Beach CA 606

**Telephone Number:** (562) 570-4581

**Applicant:** City of Long Beach CoC

130009269

**Project:** Home Run

180061

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**Extension:**

**Fax Number:** (562) 570-4066

**Email:** shannon.parker@longbeach.gov

## 1C. SF-424 Application Details

**9. Type of Applicant:** C. City or Township Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6300-N-25

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## **1D. SF-424 Congressional District(s)**

**14. Area(s) affected by the project (state(s) only):** California  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Home Run

**16. Congressional District(s):**

**a. Applicant:** CA-044, CA-047

**b. Project:** CA-047  
(for multiple selections hold CTRL key)

**17. Proposed Project**

**a. Start Date:** 07/01/2020

**b. End Date:** 06/30/2021

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## **1E. SF-424 Compliance**

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

- 20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

### 21. Authorized Representative

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Telephone Number: (562) 570-4011  
(Format: 123-456-7890)

Fax Number: (562) 570-4066  
(Format: 123-456-7890)

Email: teresa.chandler@longbeach.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019



## 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2506-0214 (exp.02/28/2022)**

### Applicant/Recipient Information

#### 1. Applicant/Recipient Name, Address, and Phone

**Agency Legal Name:** City of Long Beach CA 606

**Prefix:** Ms.

**First Name:** Teresa

**Middle Name:**

**Last Name:** Chandler

**Suffix:**

**Title:** Human Services Bureau Manager

**Organizational Affiliation:** City of Long Beach CA 606

**Telephone Number:** (562) 570-4011

**Extension:**

**Email:** teresa.chandler@longbeach.gov

**City:** Long Beach

**County:**

**State:** California

**Country:** United States

**Zip/Postal Code:** 90813

**2. Employer ID Number (EIN):** 95-6000733

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$403,888.00

(Requested amounts will be automatically entered within applications)

### 5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? **Yes**  
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. **Yes**

## Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Government and Other Government Assistance (see attachments)	Cash/In-Kind (Grants, etc.)	\$1,762,419.00	Rental Assistance, Supportive Services, Operations, HMIS, Planning, UFA activities, and Administration

**Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.**

### Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

**Note: If there are no other people included, write NA in the boxes.**

### Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:** ☒

**Name / Title of Authorized Official:** Teresa Chandler, Human Services Bureau Manager

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/24/2019

## 1H. HUD 50070

### HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** City of Long Beach CA 606

**Program/Activity Receiving Federal Grant** CoC Program

**Funding:**

**Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:**

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

### 2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

**I certify that the information provided on this form and in any accompanying**

X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

### Authorized Representative

**Prefix:** Ms.

**First Name:** Teresa

**Middle Name**

**Last Name:** Chandler

**Suffix:**

**Title:** Human Services Bureau Manager

**Telephone Number:** (562) 570-4011  
**(Format: 123-456-7890)**

**Fax Number:** (562) 570-4066  
**(Format: 123-456-7890)**

**Email:** teresa.chandler@longbeach.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/24/2019

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **Statement for Loan Guarantees and Loan Insurance**

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

**the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:**

X

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Applicant's Organization:** City of Long Beach CA 606

**Name / Title of Authorized Official:** Teresa Chandler, Human Services Bureau Manager

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/24/2019

## 1J. SF-LLL

### DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** No

**Legal Name:** City of Long Beach CA 606

**Street 1:** 1301 W. 12th Street

**Street 2:**

**City:** Long Beach

**County:**

**State:** California

**Country:** United States

**Zip / Postal Code:** 90813

**11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

**I certify that this information is true and complete.**

X



**Authorized Representative**

**Prefix:** Ms.

**First Name:** Teresa

**Middle Name:**

**Last Name:** Chandler

**Suffix:**

**Title:** Human Services Bureau Manager

**Telephone Number:** (562) 570-4011  
**(Format: 123-456-7890)**

**Fax Number:** (562) 570-4066  
**(Format: 123-456-7890)**

**Email:** teresa.chandler@longbeach.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/24/2019

## 2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

**Total Expected Sub-Awards: \$403,888**

Organization	Type	Sub-Award Amount
Mental Health America of Los Angeles	M. Nonprofit with 501C3 IRS Status	\$403,888

## 2A. Project Subrecipients Detail

**a. Organization Name:** Mental Health America of Los Angeles

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 95-1881491

	* d. Organizational DUNS:	066684994	PLUS 4:	0000
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**e. Physical Address**

**Street 1:** 200 Pine Avenue, Suite 400

**Street 2:**

**City:** Long Beach

**State:** California

**Zip Code:** 90802

**f. Congressional District(s):** CA-047  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$403,888

**j. Contact Person**

**Prefix:** Dr.

**First Name:** Christina

**Middle Name:**

**Last Name:** Miller

**Suffix:** Ph.D

**Title:** President/CEO

**E-mail Address:** cmiller@mhala.org

**Confirm E-mail Address:** cmiller@mhala.org

**Phone Number:** 562-285-1330

**Extension:**

**Fax Number:** 562-263-3396

## 2B. Experience of Applicant, Subrecipient(s), and Other Partners

### 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

As the applicant, the City is the direct recipient of the HUD award. It is the contractual responsibility of the City to ensure that the goals and objectives of each project sponsor's projects are successfully carried out and documented according to the applicable regulations. The City signs the grant agreement for the awarded projects, and receives funding directly from HUD for distribution to the project sponsor. The contractual responsibility encompasses oversight of each of the project sponsors. This includes compliance with the grant agreement and HUD regulations, sound financial record keeping, reporting, etc. Founded in 1924, MHALA is a leading pioneer in mental health service advocacy, innovations and training. For over three decades MHALA has been in the forefront of developing, demonstrating, training, supporting and evaluating integrated services programs in California. Our service programs are based on our nationally recognized and replicated model of recovery. MHALA serves Los Angeles County with a far-reaching contribution to people with mental illness and the mental health system. In 1990, California's mental health department selected MHALA through statewide competition to pioneer the integrated service model at the MHA Village, where people find a comprehensive range of coordinated services in one place. The Village innovated elements such as the "menu approach" and "personal service coordination" that are replicated by many mental health recovery programs. MHALA has been crucial to the design, development and implementation of the Milestones of Recovery Scale (MORS) and the Determinants of Care tools currently in use by the Department of Mental Health programs targeting homeless individuals. MHALA's work in service integration has received Best Practices acknowledgment by SAMHSA, as well as international acclaim from mental health professionals and programs as far away as Japan and New Zealand.

Founded on an unwavering commitment to "whatever it takes," MHALA outreaches, assesses, enrolls and serves each client with a full range of needed ambulatory mental health and ancillary care delivered by a recovery-oriented, multi-disciplinary team trained to support members in reaching their recovery goals, integrating as fully as possible into their community. Each client participates actively in the development of an individualized plan focused on his or her goals and objectives.

MHALA develops, employs, trains and supports multi-disciplinary teams with a wide range of skills and resources available to best meet everyone's unique needs. Each program provides 24/7 field-based urgent or emergent services. Services are evidence based and designed to meet the broad needs of the City of Long Beach's homeless population.

MHALA offers a broad array of housing services encompassing integrated service programs for adults and Transitional Aged Youth (TAY) by leveraging funding through the Los Angeles Homeless Services Authority (a HUD SHP grant) and the Los Angeles County Department of Mental Health (DMH) MHA

funds. For housing, MHALA partners with County DMH and Department of Health Services (DHS) for project-based layered Housing FSP/ICMS services and three Shelter Plus Care contracts with Housing Authority of the County of Los Angeles (HACOLA), in addition to engagement with and support to a growing network of private landlords.

MHALA's Housing for Health (HFH) program, which provides scattered site permanent supportive housing, is currently funded by the Los Angeles County Department of Health Services (DHS). Last year, MHALA's HFH scattered-site permanent supportive housing program housed 79 chronically homeless individuals and provided housing retention services to 115 individuals. Since its inception, MHALA's HFH permanent supportive housing program has met or exceeded all funder goals or expectations.

Along with its services, MHALA is committed to bringing affordable housing opportunities to low-income individuals, especially those with a mental illness. MHALA's housing strategy blends rental assistance and ongoing supportive services including on-call response for landlords. MHALA works with more than 50 landlords and property managers to help individuals obtain and maintain units.

MHALA will track the financial assistance received and other relevant statistics through MHALA's accounting system and case management/chart notes generated by staff. MHALA also has a client tracking system through HMIS, and will use it to track program statistics.

All expenses will be tracked through MHALA's established accounting system as generated and tracked by the Accounting Department.

## **2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

The City of Long Beach Continuum of Care (CoC) requires leveraging for all its HUD funded projects. Through the annual application process, the applicant and project sponsors submit leveraged resources and dollars for each project which increase the capacity of the CoC.

MHALA's current integrated services and programs for adults and transitional aged youth (TAY) are funded through the Los Angeles Homeless Services Authority (a HUD SHP grant) and the Los Angeles County Department of Mental Health MHSA funds, as well as United Way, Kaiser Permanente, UniHealth Foundation, Dignity Health and Munzer Foundation, and others. For housing needs, MHALA partners with County DMH and three Shelter Plus Care contracts with Housing Authority of the County of Los Angeles (HACOLA), with Project Based housing through the Housing Authority of the City of Los Angeles (HACLA) and scattered site permanent and transitional housing through the County Department of Health Services (DHS) via Brilliant Corners.

MHALA has also successfully managed a federal Supportive Services to Veteran Families (SSVF) grant since 2012. The organization's original SSVF grant (2012) was targeted in the Antelope Valley. Because of MHALA's success in meeting and exceeding the benchmarks of this program, the organization was encouraged to apply for an additional grant to cover the South Bay region of the county specified under this solicitation (2013). These were later combined into one grant, which has been renewed several times.

In addition, MHALA currently manages a contract with the California State Department of Rehabilitation to provide employment services. The current contract is valued at \$1,984,188 over three years (7/1/2019-6/30/22). The program has been in operation for more than 20 years, and the contract is

renewed every 3 years. MHALA routinely exceeds goals and objectives under this contract. The most recent fiscal year set a target for 50 job placements, and MHALA achieved 59. The target of 34 employed for 90 days was also exceeded, with 45 surpassing this goal. The project demonstrates our experience with securing employment for people experiencing homelessness.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

The City of Long Beach DHHS has been the Lead Applicant for the CoC since 1995. The CoC Board & General Membership are the two entities within the CoC that bring together stakeholders & providers invested in homelessness across the City. The CoC Board informs the decision-making process for local need. HSAC is a body appointed by the Mayor & City Council.

As the applicant, the City is the direct recipient of the HUD award. The City signs the grant agreement for the awarded projects, & gets funding directly from HUD for distribution. The contractual responsibility encompasses oversight of the project sponsors, compliance w/the grant agreement & HUD regulations, financial record keeping, reporting, etc. The City has developed & issued a Grants Guidelines binder for CoC/ESG funding. Per the guidelines, HSD conducts assessment of the projects' expenditure rates & deobligation history, performance evaluation, Single Audit, & Site Visits. The City's Actg. Dept. processes invoice requests approved by mgmt. prior to submission for payment & LOCCS drawdowns.

MHALA is governed by a Board of Directors. The Board is a mix of business & other professionals, people w/lived experience, families of people w/mental illness & others. Board meets 6 times a year; directors can serve 2 three-year terms. The Chief Service Officer & Chief Financial Officer (CFO) are responsible for advising & supporting program mgmt. Directors are responsible for monitoring goals, providing leadership, & a "whatever-it-takes" approach. MHALA has established a system of supervision. Supervision begins on hire & MHALA facilitates supervision & growth for its employees through a Performance Appraisal done at 6 months of employment & then annually. Daily supervision occurs w/teams' meetings. These meetings assure that goals are met, or that corrections are made to reach deliverables.

All activities & balances in the primary account are monitored by the CFO. The CFO oversees movement of funds between bank accounts. This includes: initiating all electronic transfers of funds for general business purposes of the Agency, establishing the daily cash position, appropriately funding disbursement accounts for MHALA obligations; moving depository funds for investment purposes of the Agency. Efficient Cash Management strategies, techniques and procedures are used to increase the productivity of cash flow to achieve the following objectives: Liquidity-maintaining the ability to pay obligations when they become due, Cash Optimization-establishing systems & procedures that help minimize investment in non-earning cash resources while providing liquidity; Financing-obtaining both short & long term borrowed funds timely at an acceptable cost; Financial Risk Management-monitoring & assisting in the control of the Agency's exposure to interest rates & other risks; Coordination- ensuring cash management goals are integrated w/the strategic objectives & decisions of other areas that impact cash flow.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** No



### 3A. Project Detail

**1a. CoC Number and Name:** CA-606 - Long Beach CoC

**1b. CoC Collaborative Applicant Name:** City of Long Beach

**2. Project Name:** Home Run

**3. Project Status:** Standard

**4. Component Type:** PH

**4a. Will the PH project provide PSH or RRH?** PSH

**5. Does this project use one or more properties that have been conveyed through the Title V process?** No

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA).** No

**7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?**

X

**8. Does this project include Replacement Reserves?** No

## 3B. Project Description

### 1. Provide a description that addresses the entire scope of the proposed project.

MHALA's Home Run Project will support the goal of ending the cycle of homelessness by providing affordable, low-barrier permanent housing (PH) w/ leasing linked to flexible, integrated support services.

Home Run will serve households w/ disabilities, both individuals & families in which one adult or child has a disability. The anticipated outcome(s) of the project is to provide services & long-term rental assistance to a total of 19 households (23 persons). Once housed, case management & services will be provided to ensure the participant's long-term housing stability.

Home Run will work w/ the Long Beach CoC, conduct project activities w/in the City of Long Beach & use the Long Beach Coordinated Entry System (CES) for eligibility & provision of services to those most in need.

Case Management (CM) is the core service to be provided. Services included are: secure & maintain housing, benefits/income &/or employment linkage, health & mental health care. The CM will assist individuals at every stage of the housing process. CM services may range from highly intensive individualized support (as clients transition off the streets into housing) to less intense support for activities related to maintaining PH. All services shall be flexible to meet the individual needs of clients & the intensity of services shall be regularly monitored & adjusted based on each client's level of functioning & acuity of needs.

1.55 FTE will perform the required work of the project. MHALA will maintain enough employees to perform the work throughout the tenure of the contract. In the event of staff turnover, MHALA will hire replacement staff within 60 days of vacancy. Caseload ratio will not exceed one full-time CM to 20 clients.

The project will achieve the following:

- (i) 6 months or less-reduce the length of time between Client's Project Start Date & Move-in Date
- (ii) 90%-meet the # of persons to be served annually
- (iii) Less than 5% -Reduce the # of persons exiting back to homelessness
- (iv) 90%-increase residential project occupancy
- (v) 15%-Persons age 18 or older increase earned income during operating year
- (vi) 50%-Persons age 18 or older increase non-employment cash income during operating year
- (vii) 80%-increase the # of persons exiting to PH
- (viii) 90%-increase the # of persons remaining in PH
- (ix) Less than 5%-reduce the # of persons exiting w/unknown destination
- (x) Less than 5%-reduce the # of persons exiting w/no financial resources
- (xi) Less than \$5,000—Cost effectiveness: # of PH placements/total project budget including match

MHALA staff will collaborate w/ local CoC partners, CES partners, OHS, DMH & other partners to coordinate clients' care, services & support to achieve PH, housing retention, employment, health, & mental health. MHALA will attend regularly scheduled & as-needed coordination &/or team meeting w/the City & partners to manage the clients enrolled in the PH-PSH Project & to problem-solve around employment, tenant, building, & community issues.

### 2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the

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**following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.**

Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?	30	0	0	0
Participant enrollment in project begins?	30	0	0	0
Participants begin to occupy leased units or structure(s), and supportive services begin?	30	0	0	0
Leased or rental assistance units or structure, and supportive services near 100% capacity?	335	0	0	0
Closing on purchase of land, structure(s), or execution of structure lease?	0	0	0	0
Rehabilitation started?	0	0	0	0
Rehabilitation completed?	0	0	0	0
New construction started?	0	0	0	0
New construction completed?	0	0	0	0

### 3. Will your project participate in a CoC Coordinated Entry Process? Yes

### \* 4. Please identify the project's specific population focus.

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

### 5. Housing First

**a. Will the project quickly move participants into permanent housing** Yes

**b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**d. Will the project follow a "Housing First" approach?** Yes  
(Click 'Save' to update)

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

Not Applicable

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**8. Will more than 16 persons live in one structure?** No

## Dedicated and DedicatedPLUS

**A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.**

**A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:**

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

**10. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above.**

**DedicatedPLUS**

## **3C. Project Expansion Information**

1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type? No

## 4A. Supportive Services for Participants

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.**

X

### 2. Describe how participants will be assisted to obtain and remain in permanent housing.

Home Run Project core services will assist clients to address their unique housing needs with goal planning, staff support and immediate financial assistance. PH will be accessed through active application of the best practices models of integrated service, Housing First, Supported Employment and transitions to independence that respect client choice, apply active, "whatever it takes" community-based supports for achieving goals, and focus on recovery-oriented quality-of-life outcomes.

Participants will be enrolled in the LB CES for matching to PH opportunities. Home Run staff will provide case management, housing plan, housing navigation / location, landlord engagement, crisis intervention, and harm reduction.

Following project exit, re-evaluation and follow-up assessment will be conducted as needed to ensure persons are prevented from recidivism to homelessness. Access to ongoing supportive services will be ongoing.

### 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

Participants requiring increase in employment and/or income towards maximization of ability to live independently will have access to referrals/linkage based on intake and assessment results outlining level of needs. Home Run Project staff will work with participants in initiating employment and/or vocational training referrals to, but not limited to, the Department of Rehabilitation, Long Beach Job Corps, MHALA Village Job Development the Long Beach Multi

Service Center, and Pacific Gateway. Personnel Service Coordinator (PSC) will also work with participant in initiating referrals to the Department of Public Social Services and the Social Security Administration towards maximization of financial benefits. Based on disability determination, participant may qualify towards other, more intensive, MHALA case management programs. With inclusion of benefits specialists, SOAR training will be utilized in assisting participant with maximization of benefits while ongoing case management commences until participant is able to maintain independent living.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	Semi-annually
Assistance with Moving Costs		Subrecipient	Annually
Case Management		Subrecipient	Bi-weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Subrecipient	As needed
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Subrecipient	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

**5. Please identify whether the project will include the following activities:**

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes



**6. Will project participants have access to** Yes



**SSI/SSDI technical assistance  
provided by the applicant, a subrecipient, or  
partner agency?**

**6a. Has the staff person providing the  
technical assistance completed SOAR  
training in the past 24 months.** Yes

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

**Total Units:** 19

**Total Beds:** 23

**Total Dedicated CH Beds:** 16

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...)	---	19	23

## 4B. Housing Type and Location Detail

**1. Housing Type:** Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units and beds available for project participants at the selected housing site.**

**a. Units:** 19

**b. Beds:** 23

**3. How many beds of the total beds in “2b. Beds” are dedicated to the chronically homeless?** 16

**This includes both the “dedicated” and “prioritized” beds.**

### **4. Address:**

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

**Street 1:** 200 Pine Avenue, Suite 400

**Street 2:**

**City:** Long Beach

**State:** California

**ZIP Code:** 90802

**\*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

062088 Long Beach

## 5A. Project Participants - Households

**Households Table**

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	3	16	0	19
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	2	13		15
Persons ages 18-24	1	3		4
Accompanied Children under age 18	4		0	4
Unaccompanied Children under age 18			0	0
Total Persons	7	16	0	23

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	0	0	0	0	0	2	0	0	0	0
Persons ages 18-24	0	0	0	0	0	1	1	0	0	0
Children under age 18	0			0	0	0	0	0	0	4
Total Persons	0	0	0	0	0	3	1	0	0	4

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24	13	0	0	0	0	13	0	0	0	0
Persons ages 18-24	3	0	0	0	0	3	0	0	0	0
Total Persons	16	0	0	0	0	16	0	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

**Describe the unlisted subpopulations referred to above:**

Persons not represented by listed subpopulations above are children without a

disability.

## 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2021? Yes

2. What type of CoC funding is this project applying for in the 2019 CoC Competition? CoC Bonus

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

### a. Please complete the indirect cost rate schedule below

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
0	0%	0

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Select a grant term: 1 Year

\* 5. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>

<b>Supportive Services</b>	<input checked="" type="checkbox"/>
<b>Operating</b>	<input checked="" type="checkbox"/>
<b>HMIS</b>	<input type="checkbox"/>

**6. If awarded, will this project require an initial grant term greater than 12 months?** No



## 6C. Leased Units

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Annual Assistance Requested:			\$255,636
Grant Term:			1 Year
Total Request for Grant Term:			\$255,636
Total Units:			19
FMR Area	Total Units Requested	Total Annual Assistance Requested	Total Budget Requested
CA - Los Angeles-...	19	\$255,636	\$255,636

## Leased Units Budget Detail

### Instructions:

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rent for each unit in the FMR Area column in the chart below. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

Size of Units: Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMRs based on the FMR area selected by the applicant. They serve as a reference and upper limit for the amounts entered in the HUD Paid Rents column.

HUD Paid Rents: This is a required field. For each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column. Once funds are awarded recipients must document compliance with the rent reasonable requirement in 24 CFR 578.49.

12 Months: These fields are populated with the value 12 to calculate the annual rent request. The total request for this budget will calculate based on the grant term selected on Screen "6A. Funding Request."

Total Request: This column populates with the total calculated amount from each row.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated with the grant term selected on the "Funding Request" screen and will be read only.

Total Request for Grant Term: This field is calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.**

**Metropolitan or non-metropolitan** CA - Los Angeles-Long Beach-Glendale, CA  
**fair market rent area:** HUD Metro FMR Area (0603799999)

### Leased Units Annual Budget

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Size of Units	Number of units (Applicant)		FMR (Applicant)	HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO		x	\$800		x	12	=	\$0
0 Bedroom	16	x	\$1,067	\$1,067	x	12	=	\$204,864
1 Bedroom	2	x	\$1,284	\$1,284	x	12	=	\$30,816
2 Bedroom	1	x	\$1,663	\$1,663	x	12	=	\$19,956
3 Bedroom		x	\$2,231		x	12	=	\$0
4 Bedroom		x	\$2,467		x	12	=	\$0
5 Bedroom		x	\$2,837		x	12	=	\$0
6 Bedroom		x	\$3,207		x	12	=	\$0
7 Bedroom		x	\$3,577		x	12	=	\$0
8 Bedroom		x	\$3,947		x	12	=	\$0
9 Bedroom		x	\$4,317		x	12	=	\$0
Total units and annual assistance requested:	19							\$255,636
Grant term:								1 Year
Total request for grant term:								\$255,636

Click the 'Save' button to automatically calculate totals.

## 6F. Supportive Services Budget

**A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
<b>1. Assessment of Service Needs</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP	\$7,754
<b>2. Assistance with Moving Costs</b>		
<b>3. Case Management</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,754
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,754
<b>7. Food</b>	Food	\$250
<b>8. Housing/Counseling Services</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,754
<b>9. Legal Services</b>		
<b>10. Life Skills</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,754
<b>11. Mental Health Services</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,752
<b>12. Outpatient Health Services</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,754
<b>13. Outreach Services</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,754
<b>14. Substance Abuse Treatment Services</b>	a) Case Manager .11 FTE@\$52,927/year inc. payroll taxes and fringe benefits. b) Program Coordinator .0444 FTE@\$73,254/year inc. payroll taxes and fringe benefits. c) Director of Housing .0056 FTE@100,037/ year inc. payroll taxes and fringe benefits. = Fringe Benefits: SUI, W/C, Basic AD&D, Basic Life, LTD, EAP.	\$7,754
<b>15. Transportation</b>	a) Bus cards/Tokens for Participants \$1,500. b) Mileage allowance for staff to accompany participants to and from medical care, employment, house visits, etc. \$2,500. c) Van expenses to transport participants \$3,000.	\$7,000

<b>16. Utility Deposits</b>	Utility deposits as a one-time fee, paid to utility companies.	\$2,500
<b>17. Operating Costs</b>	a) HMIS access fee \$144, b) Maintenance \$3,000, c) Office Supplies \$1,500, Program Supplies \$1,500, Printing \$576, Utilities \$2,812, Telephone \$3,596, Furniture \$1,200, Computers \$2,000, indirect \$9,586.	\$25,914
<b>Total Annual Assistance Requested</b>		\$105,448
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$105,448

**Click the 'Save' button to automatically calculate totals.**

## 6G. Operating

### Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

**Eligible Costs:** The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

**Quantity AND Detail:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating cost for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and restricts understanding of what is being requested. Failure to enter adequate "Quantity AND Detail" may result in conditions being placed on the award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	Damage repairs, move in/ out cleaning, and maintenance of 19 leased units.	\$6,237
2. Property Taxes and Insurance	Payment of liability insurance for 19 leased units and program liability insurance premiums.	\$2,267
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water	Payment of utilities for 19 leased units.	\$3,399
6. Furniture	Furniture for unfurnished units.	\$4,478
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$16,381
Grant Term		1 Year
Total Request for Grant Term		\$16,381

Click the 'Save' button to automatically calculate totals.

## 6l. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$37,063
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$37,063

1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of Long Beac...	09/09/2019	\$3,775
Yes	Cash	Private	MHA - Operating F...	08/15/2019	\$33,288

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Government
4. Name the source of the commitment: City of Long Beach - City Funds  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/09/2019
6. Value of Written Commitment: \$3,775

## Sources of Match Detail

1. Will this commitment be used towards match ? Yes
2. Type of commitment: Cash
3. Type of source: Private
4. Name the source of the commitment: MHA - Operating Funds  
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/15/2019
6. Value of Written Commitment: \$33,288



## 6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$255,636	1 Year	\$255,636
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$105,448	1 Year	\$105,448
5. Operating	\$16,381	1 Year	\$16,381
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$377,465
8. Admin (Up to 10%)			\$26,423
9. Total Assistance Plus Admin Requested			\$403,888
10. Cash Match			\$37,063
11. In-Kind Match			\$0
12. Total Match			\$37,063
13. Total Budget			\$440,951

Click the 'Save' button to automatically calculate totals.

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	MHA IRS 501 c3	09/03/2019
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## Attachment Details

**Document Description:** MHA IRS 501 c3

## Attachment Details

**Document Description:**

## Attachment Details

**Document Description:**

## 7D. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

### **Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

### **B. For non-Rental Assistance Projects Only.**

#### **15-Year Operation Rule.**

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

#### **1-Year Operation Rule.**

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Teresa Chandler

**Date:** 09/24/2019

**Title:** Human Services Bureau Manager

**Applicant Organization:** City of Long Beach CA 606

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent**

X

**statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

☐

**Active SAM Status Requirement.**  
**I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.**

☒

## 8B. Submission Summary

**Applicant must click the submit button once all forms have a status of Complete.**

Page	Last Updated
1A. SF-424 Application Type	No Input Required

<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/20/2019
<b>1E. SF-424 Compliance</b>	09/03/2019
<b>1F. SF-424 Declaration</b>	09/03/2019
<b>1G. HUD 2880</b>	09/03/2019
<b>1H. HUD 50070</b>	09/03/2019
<b>1I. Cert. Lobbying</b>	09/03/2019
<b>1J. SF-LLL</b>	09/03/2019
<b>2A. Subrecipients</b>	09/03/2019
<b>2B. Experience</b>	09/12/2019
<b>3A. Project Detail</b>	09/20/2019
<b>3B. Description</b>	09/16/2019
<b>3C. Expansion</b>	09/03/2019
<b>4A. Services</b>	09/10/2019
<b>4B. Housing Type</b>	09/03/2019
<b>5A. Households</b>	09/03/2019
<b>5B. Subpopulations</b>	09/03/2019
<b>6A. Funding Request</b>	09/17/2019
<b>6C. Leased Units</b>	09/17/2019
<b>6F. Supp Srvcs Budget</b>	09/20/2019
<b>6G. Operating</b>	09/20/2019
<b>6I. Match</b>	09/20/2019
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/03/2019
<b>7D. Certification</b>	09/24/2019



Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201

Department of the Treasury

Date: DEC 07 2007

MENTAL HEALTH AMERICA OF  
LOS ANGELES  
100 W BROADWAY AVE 5TH FLR  
LONG BEACH CA 90802

Person to Contact:

Gregory Renier  
ID# 31-07231

Toll Free Telephone Number:

877-829-5500

Employer Identification Number:

95-1881491

Dear Sir or Madam:

This is in response to your amended articles of incorporation filed with the state on October 9, 2007. We have updated our records to reflect the name change from National Mental Health Association of Greater Los Angeles to Mental Health America of Los Angeles.

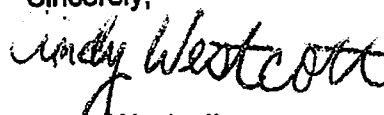
Our records indicate that a determination letter was issued in December 1958 that recognized you as exempt from Federal income tax. Our records further indicate that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Cindy Westcott  
Manager, Exempt Organizations  
Determinations

A0668219

**State of California**  
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 24 2007

DEBRA BOWEN  
Secretary of State

A0668219

**CERTIFICATE OF AMENDMENT OF  
ARTICLES OF INCORPORATION  
OF NATIONAL MENTAL HEALTH ASSOCIATION  
OF GREATER LOS ANGELES**

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

**OCT - 9 2007**

Richard Van Horn and Julia R. Scalise certify that:

1. They are the president and the secretary, respectively, of National Mental Health Association of Greater Los Angeles, a California nonprofit public benefit corporation.
2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:

The name of this corporation is:

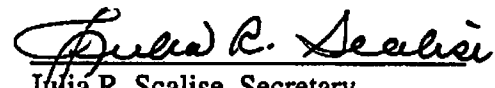
MENTAL HEALTH AMERICA OF LOS ANGELES

3. Article III of the Articles of Incorporation of the corporation shall be amended and restated to read as follows:  
  
"This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The Corporation's specific charitable purposes are: (i) to educate the public about mental illness and substance use conditions and their prevention, causes and treatments, (ii) to advocate for the improved care and treatment of people with mental illness and substance use conditions; (iii) to serve people with mental illness (iv) to conduct training, research and evaluation into improved methods of services for people with mental illness and substance abuse conditions and (v) to develop, preserve, sponsor and/or own affordable housing for mentally ill individuals and families and moderate, low and very low income households in the Greater Los Angeles Region of California."
4. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
5. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of the members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: October 2, 2007

  
Richard Van Horn, President

  
Julia R. Scalise, Secretary



A0646999



**State of California**  
**Secretary of State**

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JUL 05 2006

A handwritten signature in cursive script, appearing to read "Bruce McPherson".

BRUCE McPHERSON  
Secretary of State

A0646999

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

JUN 29 2006

**CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES**

Richard Van Horn and Julia R. Scalise certify that:

1. They are the President and the Secretary, respectively, of National Mental Health Association of Greater Los Angeles, a California nonprofit public benefit corporation (the "Corporation").
2. Article III of the Articles of Incorporation of the Corporation shall be amended and restated to read as follows:

"This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The Corporation's specific charitable purposes are: (i) to provide education about mental illness, (ii) to be an advocate for and serve mentally ill persons and (iii) to develop, preserve, sponsor and/or own affordable housing for mentally ill individuals and families and low and very low income households in the Greater Los Angeles Region of California."

3. Article V (c) of the Articles of Incorporation of the Corporation shall be amended and restated to read as follows:

"(c) Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code."

4. In all other respects, the articles shall remain unchanged.
5. The foregoing Amendment of Articles of Incorporation has been duly approved by the Corporation's Board of Directors.
6. The foregoing Amendment of Articles of Incorporation has been duly approved the by the Corporation's Members.

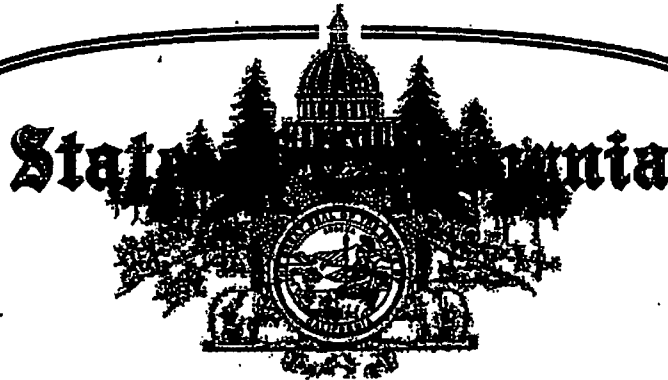
We further certify under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: June 26, 2006

Richard Van Horn  
Richard Van Horn, President

Julia R. Scalise  
Julia R. Scalise, Secretary



**SECRETARY OF STATE**

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

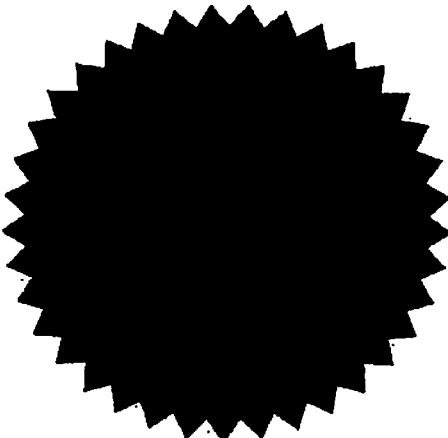
That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

NOV 8 2004

*Kevin Shelley*

Secretary of State





A0619598

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION OF  
MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

See Secretary of State's  
records for exact entity name.

BRUCE HOFFMAN AND MARTHA LONG certify that:

1. They are the chairman and secretary, respectively, of the MENTAL HEALTH ASSOCIATION in LOS ANGELES COUNTY, a California Nonprofit Corporation.
2. Article ONE of Articles of Incorporation of this corporation is amended to read as follows:

The name of this corporation is:

NATIONAL MENTAL HEALTH ASSOCIATION OF GREATER LOS ANGELES

3. The foregoing amendments of the articles of incorporation have been duly approved by the board of directors.
4. The foregoing amendments of articles of incorporation have been duly approved by the required number of members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: September 21, 2004

  
BRUCE HOFFMAN, President

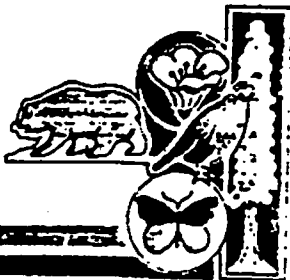
  
MARTHA LONG, Secretary

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

SEP 29 2004

KEVIN SHELLEY  
Secretary of State





# State of California

OFFICE OF THE SECRETARY OF STATE

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this

NOV 14 1985



*March Fong Eu*

Secretary of State

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
MENTAL HEALTH ASSOCIATION OF LOS ANGELES COUNTY

ENDORSED  
FILED

in the office of the Secretary of State  
of the State of California

OCT 31 1985

MARCH FONG EU, Secretary of State

By JAMES E. HARRIS  
Deputy

ALBERT GREENSTEIN AND MILDRED SNIDER certify that:

1. They are the president and the secretary, respectively, of MENTAL HEALTH ASSOCIATION OF LOS ANGELES COUNTY, a California Nonprofit Corporation.
2. Article ONE of the Articles of Incorporation of this corporation is amended to read as follows:


The name of this corporation is:


MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

3. The foregoing amendment of articles of incorporation has been duly approved by the board of directors.
4. The foregoing amendment of articles of incorporation has been duly approved by the required number of the members.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

DATE: March 21, 1985

  
ALBERT GREENSTEIN, President

  
MILDRED SNIDER, Secretary

RESTATED ARTICLES OF INCORPORATION  
OF  
MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

ALBERT GREENSTEIN and MILDRED SNIDER certify:

1. That they are the President and Secretary, respectively, of the Mental Health Association in Los Angeles County, a California nonprofit corporation.

2. At a meeting of the Board of Directors of said corporation, duly held at Los Angeles, California on the 21st day of March 1985, the Board of Directors duly approved of the following restatement of the Articles of Incorporation of the corporation.

ARTICLE I

The name of this corporation is Mental Health Association in Los Angeles County.

ARTICLE II

This corporation elects to be governed by all of the provisions of the California Nonprofit Corporation Law of 1980, as from time to time amended, not otherwise applicable to it under Part 5 thereof.

ARTICLE III

This corporation is a nonprofit public benefit corporation and is organized under the California Nonprofit Public Benefit Corporation Law for public and charitable purposes. The specific purpose of this corporation is to educate about mental illness, advocate for and serve mentally ill persons.

ARTICLE IV

This corporation is organized and operated exclusively for charitable, scientific and educational purposes within the meaning of Section 501(c) of the United States Internal Revenue Code of 1954 or the corresponding provision of any future United States Internal Revenue Law. Notwithstanding any other provision of these articles, this corporation shall not, except to an

insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation, and the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under Section 501(c) (3) of the United States Internal Revenue Code of 1954, or the corresponding provision of any future United States Internal Revenue Law or by a corporation, contributions to which are deductible under Section 170(c) (2) of the United States Internal Revenue Code of 1954 or the corresponding provision of any United States Internal Revenue Law.

#### ARTICLE V

(a) No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

(b) Property of this corporation is irrevocably dedicated to charitable purposes and no part of the net income or assets of this corporation shall ever inure to the benefits of any directors, officers, trustee, members or to the benefit of any private person.

(c) Upon the dissolution or winding up of this corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation, corporation or organization which is organized and operated exclusively for charitable, scientific or educational purposes and which has established its tax exempt status under Section 501(c) (3) of the United States Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law and which has also established its tax exempt status under Section 27301(d) of the California Revenue and Taxation Code, or the corresponding section of any future California Revenue and Tax Law.

#### ARTICLE VI

The name and address in California of the corporation's agent for service of process is as follows:

RICHARD VAN HORN  
930 S. Georgia Street  
Los Angeles, California 90015

We declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Executed this 21 day of March 1985 at Los Angeles, California.

  
ALBERT GREENSTEIN, President

  
MILDRED SNIDER, Secretary